



# STATE OF INDIANA

Michael R. Pence, Governor

Kent W. Abernathy, Commissioner

## REQUEST FOR SPECIAL IDENTIFICATION NUMBER (MVIN)

### Title Application Checklist

Special Identification Number applications for a vehicle are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application, verify all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ [Application for Special Identification Number Motor Vehicle or Watercraft – State Form 12907](#)
- ☐ Proof of Ownership. Examples include: Certificate of Title, Certificate of Origin, or Court Order. A Motor Driven Cycle (MDC) Affidavit Affirmation of Ownership and/or Cubic Centimeters (CC) – State Form 55714 may be used for a motor driven cycle. A general [Affidavit – State Form 37964](#) is used when the vehicle is assembled from parts on hand and/or from parts that have been purchased (receipts required). A bill of sale will not be accepted for a vehicle which by law requires a certificate of title.
- ☐ [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#). Must be completed by a law enforcement officer. Inspection must be done on all major parts.
- ☐ One original side view picture of the entire vehicle. If the vehicle is a mobile home, a color picture of the front and the back view of the entire mobile home.
- ☐ Receipts from materials purchased, if applicable.
- ☐ \$13.00 for the motor vehicle identification number (MVIN) application. Payable by Mastercard or Visa, check, electronic check, or money order. If the MVIN application is for a trailer, you may include an additional \$18.75 for a 30-Day Permit which allows the operation of the trailer on public roadways while the application is in process.

For your convenience, the required forms are included with this checklist. The forms are also available at [myBMV.com](http://myBMV.com). Mail the completed packet to:

**Central Office Title Processing  
100 North Senate Avenue, Room N417  
Indianapolis, IN 46204**

**Please include this checklist and contact information with your application. If all required documents are not submitted or information is incomplete, the entire application will be returned.**

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

An Equal Opportunity Employer



# APPLICATION FOR SPECIAL IDENTIFICATION NUMBER – MOTOR VEHICLE OR WATERCRAFT

State Form 12907 (R5 / 10-12)

INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**

100 North Senate Avenue, N417  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. Proof of ownership for vehicle or watercraft and/or parts must be submitted with the application.
  3. VIN inspection, State Form 39530, must be completed by a law enforcement officer and submitted with the application.
  4. Include a side view, color photograph of the entire vehicle or watercraft. For manufactured homes a photograph of the front and back of the home is required.

## APPLICANT INFORMATION

Name (last, first, middle initial or company name)		Driver's License or Federal Identification Number	
Address (number and street)	City	State	ZIP Code

## VEHICLE OR WATERCRAFT INFORMATION

Original Identification Number (include any numbers that remain or "none")												Year	Make	Model
<div></div>														
Vehicle or Watercraft Type				License Plate or Watercraft Registration Number (if known)						Length (for watercraft, ft/in)				

### From whom purchased (if applicable):

Name			
Address (number and street)	City	State	ZIP Code

### Reason for request:

<input type="checkbox"/> Identification Number not installed	Explain reason not installed
<input type="checkbox"/> Identification Number altered or defaced	Explain cause of alteration or defacement

☐ Privately Assembled Motor Vehicle

☐ Privately Assembled Watercraft

## PRIVATELY ASSEMBLED VEHICLE OR WATERCRAFT

Check the major component parts used to assemble vehicle or watercraft.

<input type="checkbox"/> Engine/Motor	<input type="checkbox"/> Transmission
<input type="checkbox"/> Body Chassis	<input type="checkbox"/> Front Assembly
<input type="checkbox"/> Rear Clip	<input type="checkbox"/> Frame

Other (please specify):

This application is submitted to request the Bureau of Motor Vehicles to issue a special identification number to the vehicle or watercraft described above. I certify that the above vehicle or watercraft conforms to applicable state and federal equipment and safety standards.

I swear or affirm that the information that I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature	Printed Name	Date Signed (mm/dd/yyyy)
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# MOTOR DRIVEN CYCLE (MDC) AFFIDAVIT AFFIRMATION OF OWNERSHIP AND/OR CUBIC CENTIMETERS (CC)

State Form 55714 (11-14)  
Indiana Bureau of Motor Vehicles

\* This agency is requesting disclosure of your social security number in accordance with IC 4-1-8. Disclosure is voluntary and you will not be penalized for refusal.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. An applicant must complete this form to apply for an Indiana Certificate of Registration for a motor driven cycle if (1) unable to provide proof of ownership, (2) when registering a motor driven cycle as a Class A, or (3) when the cubic centimeters cannot be determined by a Manufacturer's Certificate of Origin or through the bureau's VIN decoding system.
  3. When this form is completed to affirm ownership and there is more than one owner, all owners must sign this affidavit.

SECTION 1: OWNER INFORMATION									
Name of Owner(s)							* Social Security Number (last 4) or Federal Identification Number:		
Legal Address (number and street)					City		State	ZIP Code	
							IN		
SECTION 2: VEHICLE INFORMATION									
Vehicle Identification Number (VIN):									
									Purchase Date (mm/dd/yyyy)
Year		Make			Model			Purchase Price (for title only)	
SECTION 3: OWNER AFFIRMATION									
<p>A <b>Motor Driven Cycle (MDC)</b>, as defined in <a href="#">IC 9-13-2-25.8</a>, <a href="#">IC 9-13-2-26.5</a>, and <a href="#">49 CFR 571.3</a>, is a motor vehicle that:</p> <ul style="list-style-type: none"><li>(1) has a seat or saddle for the use of the rider;</li><li>(2) is designed to travel on no more than three wheels on the ground;</li><li>(3) complies with applicable motor vehicle equipment requirements under <a href="#">IC 9-19</a> and 49 CFR 571; and</li><li>(4) has a motor that produces five (5) brake horsepower or less.</li></ul> <p>The term does not include an electric personal assistive mobility device.</p> <p>A motor driven cycle is a <b>Class A MDC</b> if it has a cylinder capacity over fifty (50) cubic centimeters (CC).</p> <p>A motor driven cycle is a <b>Class B MDC</b> if it has a cylinder capacity of fifty (50) cubic centimeters (CC) or less. A Class B may be registered with a Class B or Class A license plate.</p>									
Motor Driven Cycle is being registered as a:					Cubic Centimeters (CC)				
<input type="checkbox"/> Class A <input type="checkbox"/> Class B					<input type="checkbox"/> Over fifty (50) CC <input type="checkbox"/> Fifty (50) CC or less <input type="checkbox"/> Electric Motor				
<p>I swear or affirm under the penalty of perjury that I am the legal owner of this motor driven cycle and that there are no other claims of ownership, that this vehicle meets the definition of a motor driven cycle, and that the motor driven cycle has the cubic centimeters (CC) declared on this affidavit. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.</p>									
Signature of Owner			Printed name and Position (agent, trustee, etc., if applicable)				Date Signed (mm/dd/yyyy)		
Signature of Owner			Printed name and Position (agent, trustee, etc., if applicable)				Date Signed (mm/dd/yyyy)		
BMV USE ONLY									
Branch Name and Number			Visit ID				Date Processed (mm/dd/yyyy)		



## PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
  2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
  3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
  4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
  5. Dealers may not perform watercraft inspections.

OWNER INFORMATION															
Name (last, first, middle initial or company name)															
Address (number and street)															
City												State		ZIP Code	
VEHICLE OR WATERCRAFT INFORMATION															
Identification Number														<input type="checkbox"/> NONE (select if no identification number found)	
Year		Make		Model		Type		Plate Number / State				Watercraft Registration Number, if applicable			
For assembled vehicles or watercraft include serial numbers for major component parts if present:															
Engine / Motor								Transmission							
Body Chassis								Front Assembly							
Rear Clip								Frame							
Other (specify):															
*IDACS / NCIC Check (required if form is completed by a police officer)															
Date Check Performed (mm/dd/yyyy)						Comments									
I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.															
Signature of Inspector						Printed Name				Title				Date (mm/dd/yyyy)	
Badge / Branch / Dealer Number						Police Department / Branch / Dealership				City				ZIP Code	
Telephone Number (      )						Email Address									

Reset Form



## AFFIDAVIT

State Form 37964 (R2 I 10-05)  
BUREAU OF MOTOR VEHICLES

STATE OF INDIANA }  
COUNTY OF } SS:

Name

Address (*number and street, city, state, ZIP code*)

Deposes and says upon his I her oath that:

I swear or affirm that the information I have entered on this form is correct.  
I understand that making a false statement on this form may constitute the  
crime of perjury.

Signature

Date (*month, day, year*)



## ***Payment Information***

***Pay by:***

*Check or money order*

*Credit Card (MasterCard or Visa)*

*Electronic check*

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card indicated below:*

*Type of card:*      ☐ *MasterCard*      ☐ *Visa*

*Name of cardholder:* \_\_\_\_\_

*Account*

*Number:* \_\_\_\_\_

*Expiration*

*Date:* \_\_\_\_\_

*I hereby authorize the Indiana Bureau of Motor Vehicles to charge the checking account indicated below:*

<i>Routing Number</i>										<i>Account Number</i>																		